

1. Initiator		2. Type of Review		3. RID Number
Name	LAST NAME FIRST	<input type="checkbox"/> General Document Review		00200-
Organization		<input checked="" type="checkbox"/> PDR, CDR, ABR , PPR (circle)		
Phone		<input type="checkbox"/> Other _____		
Fax				
5a. Doc. Number	84K00200	6. Doc. Name	System Level Specification (SLS)	
5a. Doc. Revision	Pre-Release 1			
6. Name of RID Team		SLS RID Review Team		
7. Problem				
8. Recommendation				
<input type="checkbox"/> Hardcopy of Redlines/Comments Attached				
9. Impact if recommendation not implemented				
10. Team Recommendation		11. Action Required		
<input type="checkbox"/> Accepted		<input type="checkbox"/> Update Document		
<input type="checkbox"/> Rejected		<input type="checkbox"/> Study		
<input type="checkbox"/> Study		<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Withdrawn		Comments		
<input type="checkbox"/> Deferred to CLCS CCB Screening Panel				
Comments				
RID Team Manager - Signature _____				
12. Final RID Closure Action		13. Additional Comments/Notes		
<input type="checkbox"/> RID to be incorporated in next revision				
<input type="checkbox"/> RID to be incorporated in other (specify)				
RID Team Manager - Signature _____				

Due **NO LATER THAN** May 7, 1997